

Review and Impact of New Federal Guidelines for Mammography Screening

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U.S. Preventive Services Task Force Recommendations December 4, 2009

Screening for Breast Cancer

- Biennial screening mammography for women aged 50 to 74 years
- "The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms."
- Current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older
- Recommends against teaching breast self-examination
- Current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 40 to 49 years
- Current evidence is insufficient to assess the additional benefits and harms of either digital mammography or MRI instead of film mammography as screening modalities for breast cancer



2002 U.S. Preventive Services Task Force Guidelines

• Screening mammogram every one to two years for all women starting at age 40



Responses of Professional Organizations

- American College of Radiology Annual screening mammogram for women 40 and older
- American Cancer Society Annual screening mammogram and clinical breast exam for women 40 and older
- American College of Obstetricians and Gynecologists Annual or biennial screening mammogram for women 40 to 49. Annual screening mammogram for women 50 and older
- National Cancer Institute Annual or biennial screening mammogram for women 40 and older



Integration of Best Practices

- In most cases, Medicaid, CHIP, and state employee health plan cover preventive services and tests, but do not limit that coverage to age-specific recommendations
- Use of services and diagnostic tools is generally left to the discretion of the provider and patient
- U.S. Preventive Services Task Force recommendations had no direct impact on either Medicaid or State employee health plan reimbursement
- KHPA does promote preventive care, relying on the prevailing standards of care



Promoting Preventive Care in Medicaid

- Coverage for physician-recommended care, including mammograms
- Medicaid well child visits
 - Annual reporting by MCOs on HEDIS measure
 - Goal 80% of qualifying children receive specified number of well child visits (6 or more well-child visits during the first 15 months of life)
- Use of appropriate medications for children with asthma
 - Annual reporting by MCOs on HEDIS measure
 - Goal 90% of qualifying children will use appropriate medications for asthma
- Home health diabetes management initiative
 - 2009 Transformation recommendation
 - Training home health providers key elements diabetes management (Hemaglobin A1c monitoring, foot exam, eye screening)



Promoting Preventive Care in the State Employee Health Plan

- Coverage for physician-recommended care
- Coverage of age-appropriate bone-density screenings and physicals
- No cost-sharing for many preventive diagnostic tests:
 - Mammograms
 - Immunizations
 - Colonoscopies
 - PAP smears and PSAs
 - Hearing and vision exams
- Financial incentives to members completing on-line health assessments and health screenings
- Chronic disease management
- Health coaches offer support and information for medical conditions such as breast cancer, depression, diabetes, heart disease, high blood pressure, and prostate cancer



Quality Improvement Initiatives

- Improved measurement and public reporting
- Regular program evaluation
- Health Promotion for Kansans with Disabilities Transformation Grant
- Enhanced Care Management Pilot Project
- Community Health Care Record Pilot Project
- Commonwealth State Quality Institute Phase I & II
- Vermont Medical Home Technical Assistance Initiative
- National Academy of State Health Policy State Consortium to Advance the Medical Home for Medicaid and CHIP Programs

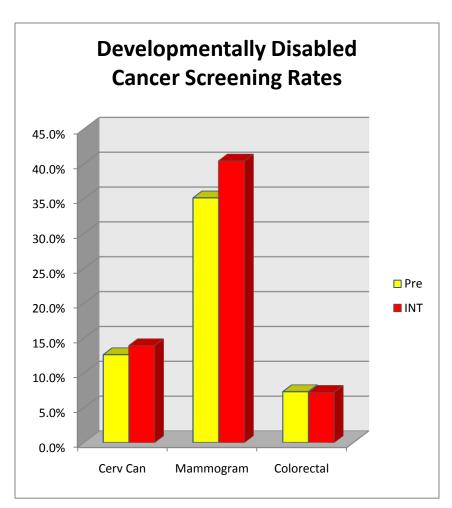


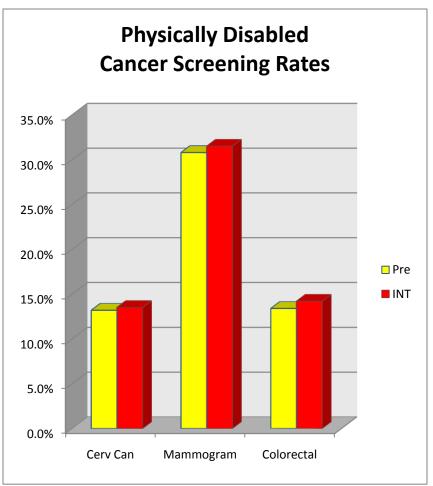
Lessons from Kansas Medicaid Transformation Grant

- Kansans with disabilities, covered by Medicaid, experienced increased cancer screenings when targeted case managers were provided education and an electronic tool
- The gains, which were slight, required concerted resources for both the education and to learn and use the tool



Health Promotion for Kansans with Disabilities – Medicaid Transformation Grant







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